

# Keeping In Touch

Staying Connected, Growing Together • Special Edition 2022



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## Welcome

The **Keeping in Touch** (KIT) resource was created to celebrate and support the creativity and dedication of all who participate in the quality education of young children. The resource strives to provide inspiration and knowledge to professionals in the Early Learning and Care Sector through informative articles and resources which promote inclusionary practices, cultural diversity and competence, programming ideas and community information. The KIT committee is comprised of professionals from various agencies within the Toronto Children's Services Every Child Belongs model. We welcome you to share this resource with your colleagues, friends, and family.



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## Anxiety in Children

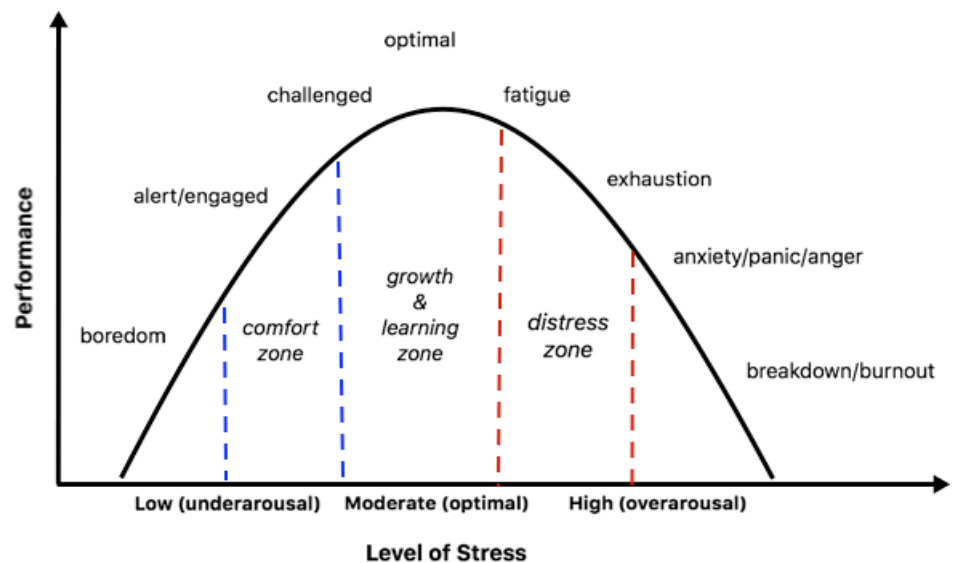
**DR. DAVID FACTOR**, C. Psych., Psychologist and Sheri Robb, Resource Consultant, Lumenus Community Services.

The past 21 months have been like no other in our lifetime, as we have been living through a worldwide pandemic that has affected us profoundly. The unpredictability of meeting the needs of communities resulted in many adaptive changes for all care providers working with children. All of this increased a collective anxiety around the unknown.

Anxiety is thought of as tension, “being on edge” and overcome by fear and worry. There are a range of symptoms, intensity, and associated behaviours that occur with anxiety. Most of us need a little anxiety to keep going. The inverted or upside-down U-curve explains how anxiety helps or hurts us.

“The disruption to daily routines is severe and the loss of resources... is significant.”

June Gruber and Colleagues, 2021



Reference: Yerkes-Dodson Law: Inverted U-relationship between stress/ arousal level and performance (see Teigen, 1994).

When children experience stress, it affects them internally and externally. Internalizing behaviours include anxiety, depression, somatic complaints (body complaints) and withdrawal from social contact. Externalizing behaviours include aggression, oppositional defiance, and conduct disorder.



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## What does anxiety look like in the learning environment?

Anxiety and depression sometimes occur together. When both anxiety and depression are present, the symptoms are more severe and complex. Anxiety can also look similar to ADHD. Anxiety presents itself in the children we work with and their families at different levels, varying degrees of reactions, responses to events, copying styles and problem-solving styles, which may or may not be adaptive.

**The heart of anxiety disorders presents physical and psychological symptoms, including cognitive distortions and behavioural responses:**

- **Physical symptoms** that occur in the body include, involuntary arousal, increased heart rate, rapid breathing, vomiting, flushing, dizziness, sweating, headache, dry mouth, stomach pains, nausea, diarrhea, restlessness, numbness and tingling in extremities, tremors, and muscle tension.
- **Psychological symptoms** that occur with our thinking include, excessive worry, irritability, impatience, feeling on “edge,” fatigue, vivid dreams, mind racing or going blank, indecisiveness, difficulty concentrating, decreased memory, rumination, and cognitive distortions.
- **Cognitive distortions** are negative self-appraisal and biased illogical thinking that include, all-or-nothing thinking, seeing things in black and white categories, if performance falls short, seeing oneself as a total failure, overgeneralization, mental filter, disqualifying the positive, jumping to conclusions (mind reading and fortune teller error), catastrophizing, emotional reasoning, using “should” statements, labeling/mislabeling and personalization.
- **Behavioural responses** are seen in how we physically behave and respond and includes, escape from a task or situation, avoidance, crying, clinginess towards others, tantrums, non-compliance, school phobia, playing sick, delays in completing tasks, staying inside and not going out, repetitive or ritualistic behaviours and regression.

## Causes of Anxiety

The causes of anxiety are likely a combination of factors which include genetic, neurobiological (reactivity/temperament), learning and environmental factors, direct conditioning, observational learning, and verbal information transfer.

The COVID-19 pandemic has affected our mental health as it is long-term, everywhere, and does not appear to have an end point. It is a complex, multidimensional stressor impacting adults, children, couples, families, as well as the education system, medical system, and the working world. The protections or buffers needed in times of stress have been blocked for some time due to stay at home orders and business/leisure closures. This has impacted individuals from lower socio-economic groups disproportionately.

### Many stressors have impacted our society such as:

- The threat of disease
- Fear of others becoming ill or dying from the virus
- School closures
- Stay-at-home orders
- Isolation, lack of interaction with others and loneliness
- Lack of activities and resources
- Closed playgrounds and recreational facilities
- Closed shopping
- Limited access to health, community, and social supports
- Having to wear PPE (personal protective equipment) and seeing others 'geared' up in it
- Increased hygiene practices
- Re-entry into society

As we live in our "new" world, it will take us time to move forward as we learn adaptive ways to cope and continue.

## Common Anxiety Disorders

Stress has impacted many adults and children profoundly with an increase in common anxiety disorders such as, Separation Anxiety Disorder, Selective Mutism, Specific Phobias, Social Anxiety Disorder (Social Phobia), Panic Disorder, Agoraphobia (fear of going outside), and Generalized Anxiety Disorder. Obsessive-Compulsive Disorder/behaviours and trauma and stressor-related disorders are now in a category of their own according to the DSM-5™ (Diagnostic and Statistical Manual of Mental Disorders Fifth Edition).

## Assessment

In order to determine whether a child has an anxiety disorder, obsessive-compulsive related disorder and/or trauma and stressor-related disorder, a formal assessment is required by a healthcare professional. This assessment is based, in part, on information gathered from the following:

- Clinical interview with the child and parent(s)/guardian(s)
- Observation of the child
- Parent/Teacher/Self-Report Scales
- DSM-5™ categories that are further measured





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## Supporting Children with High Anxiety

Supporting children in your care who present with high anxiety can be done by preventative strategies such as decreasing stressors in the environment, engaging in deep breathing and relaxation exercises, involvement in daily exercise and leisure activities, restoring routines, such as extra-curricular activities, answering questions at a child's developmental level, and validating the child's feelings with empathy using reflective listening.

### Reflective listening involves four rules:

1. Genuinely listening to the child
2. Seeing the world through the child's eyes
3. Remembering that a child's feelings can change from one moment to the next
4. Trusting the child's ability to handle their own feelings and perhaps find their own solutions

### How to Reflectively Respond:

1. Listen intently, absorb the mood/emotion
2. Focus on reactions not just on the content
3. Put yourself in the child's place, ask yourself, "What would I be thinking, feeling, doing, or wishing for?"
4. Form an empathic statement in your mind
5. Tell the child what you hear them say, feel or wish for
6. Present a statement declaratively, not in the form of a question
7. Cut your statement short if the child is losing interest or is impatient
8. If the child corrects you, accept that correction readily

## Resources

### Book Resources

- **You and Your Anxious Child** by Anne Marie Albano (Penguin 2013)
- **When Your Child is Afraid** by Dr. Robert Schachter and Carole Spearin McCauley (Simon and Schuster 1988)
- **Anxiety Relief for Kids On-the-Spot Strategies to Help Your Child Overcome Worry, Panic & Avoidance** by Bridge Flynn Walker PhD, Michael A. Tompkins PhD
- **Anxious Kids. How Children Can Turn Their Anxiety Into Resilience** by Michael Grose, Jodi Richardson
- **Mindfulness for Kids Who Worry. Calming Exercises to Overcome Anxiety** by Katie Austin LCWS-C
- **Anxious Kids, Anxious Parents: 7 Ways to Stop the Worry Cycle and Raise Courageous and Independent Children** by Lynn Lyons, Reid Wilson

### Online Resources and References

- **Anxiety Canada**, (<https://www.anxietycanada.com/articles/parent-child>)
- **Children's Mental Health Ontario (CMHO), COVID-19 Considerations for Child and Youth Mental Health**. (<https://cmho.org/covid19/>)
- **City of Toronto - Mental Health Resources** (<https://www.toronto.ca/community-people/health-wellness-care/covid-19-wellness-during-the-pandemic/covid-19-mental-health-resources/>)
- **Mental Health First Aid from National Council for Mental Well Being** (<https://www.mentalhealthfirstaid.org/2018/12/how-to-help-someone-with-anxiety>)
- **Mental Health TO** (<http://www.mentalhealthto.ca/>)
- **SickKids Centre for Community** (<https://sickkidscmh.ca>)
- **Sleep Anxiety in Kids: 5 Solutions for Big Kid Sleep Issues That Really Work** (<https://coolmompicks.com/blog/2016/10/01/sleep-anxiety-kids-solutions-big-kid-sleep-issues/>)

### References

- L. Guerney Parenting Skills. 1995. Institute for the Developmental of Emotional and Life Skills, North Bethesda, Maryland.
- R.F. Scuka. Relationship Enhancement Therapy. 2005. Routledge, Taylor and Francis Group, New York, New York.
- Diagnostic and Statistical Manual-5 (DSM-5). 2013. American Psychiatric Association.
- B.G. Guerney, Jr. Relationship Enhancement. 1977. Jossey-Bass, San Francisco, California.
- B.G. Guerney Jr. Empathic Responder Mode. May, 1992. Workshop given by B. Guerney. State College, Pennsylvania.

## Professional Learning and Links

### City Wide Training Calendar

([www.citywidetraining.ca](http://www.citywidetraining.ca))

### College of Early Childhood Education (CECE)

(<https://www.college-ece.ca>)

### Connectability

Information and tools supporting inclusion

([www.connectability.ca](http://www.connectability.ca))

### Early Abilities

Speech and Language, Vision, Hearing

(<https://www.toronto.ca/community-people/children-parenting/pregnancy-and-parenting/parenting/speech-language-vision-hearing/>)

### The Hospital for Sick Children

([www.aboutkidshealth.ca](http://www.aboutkidshealth.ca))

### The Garry Hurvitz Centre for Community

Mental Health (<https://sickkidscmh.ca/>)

### How Does Learning Happen?

(<https://www.ontario.ca/page/how-does-learning-happen-ontarios-pedagogy-early-years>)

### Toronto Public Health

(<https://www.toronto.ca/community-people/children-parenting/pregnancy-and-parenting/parenting/healthy-child-development/>)



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## KIT Resource Committee Partners

### Child Development Institute

Brendalee Simas, Child Care Consultant

(<https://www.childdevelop.ca>)

### George Brown College

Jennifer Cloke-Campbell, Resource Consultant

(<https://www.georgebrown.ca/>)

### Humber College

Josie Iannaccio, Resource Consultant and Larissa

Kostevskii, CWT Training Coordinator

(<https://humber.ca/>)

### Lumenus Community Services

Amanda Boyd, Behaviour Consultant, Diana Burgess and Sheri Robb, Resource Consultants

(<https://lumenus.ca/>)

### Strides Toronto

Nicole Livingstone, Child Care Consultant

(<https://stridestoronto.ca/>)

### Terry Tan Child Centre

Brenda Wilson, Resource Consultant

(<https://www.terrytan.ca/>)

### WoodGreen Community Services

Janet Scott, Resource Consultant

(<https://www.woodgreen.org/>)

The more time students spent online learning, the more symptoms of depression and anxiety they experienced.”

The HSC Study, July 8, 2021.